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37 CFR 3									
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Practitioners associated with the Customer Number:			89133						
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Prac	titioner(s) nam	ed below (If more than ten patent	practitioners a	re to b	e named, then a custo	mer nun	nber must be us	ied):	
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as attorney	(s) or agent(s)	to represent the undersigned before	re the United	States	Patent and Trademar	k Office	(USPTO) in cor	nection with	
any and all	patent applica	tions assigned only to the undersi- cordance with 37 CFR 3,73(b).	gned accordin	g to th	e USPTO assignment	records	or assignment	iocuments	
Please cha	nge the corres	pondence address for the applical	ion identified	n the a	attached statement un	der 37 C	FR 3.73(b) to:		
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A convot	ffhic form t	ogether with a statement un	der 37 CFR	3 73/	h) (Form PTO/SB/9	6 or ea	ulvalent) is n	equired to be	
filed in ea	ich applicati	on in which this form is use	d. The state	emen	t under 37 CFR 3.7	3(b) ma	y be comple	ted by one of	
		ointed in this form if the app				act on	behalf of the	assignee,	
and must	identity the	application in which this Po							
	The inc	lividual whose signature and title	TURE of Ass is supplied b			behalf o	f the assignee		
Signature	Ki	18,11				Date	My	17109	
Name	Bri	en Ridulka				Telepho	ne 519-18	P8-7465	
Title	Chip		3Ffice	7	.0.				
This collection	n of Information	is required by 37 CFR 1.31, 1.32 and application. Confidentiality is govern	1.33. The infor	nation i	s required to obtain or re	tain a ben	efit by the public	which is to file (and	
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to complete, including gathering, preparing, and submitting the completed application form to the LSPTO. Time will vary depending upon the modelated case. Any comments on the semant of time you require to complete the form and/or supplecessors for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Tacidemski Cflice, U.S. Department of Commence, P.O. Box 1450, Alexandria, V.A. 22313-1450, Do NOT SEND FEES OR COMPLETED FORMSTOTHER ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450.

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